2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$87645 1. Entity Name

FILED Feb 19, 2001 8:00 am Secretary of State

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Zip County Zip County Sip County Sip Set Applicable	City & State City & State						4.	4. FFI Number To account Applied For					
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, STUART S881 NW. 151 ST. SUITE 200 MIAMI LAKES FL 33014 City FL Zip Corde City				7in Cr		ountry			29-30666				
ANDERSON, STUART S881 N.W. 151 ST. SUITE 200 MIAMI LAKES FL 33014 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, ipped or printed review of registered agent and file of expression. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11 WILL MAKE SIREST ADDRESS ORTY-S1-2P MILE VD MARC PROPERS AND DIRECTORS 12. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition NAME SIREST ADDRESS ORTY-S1-2P DEAR ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11 DEAR ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition NAME SIREST ADDRESS ORTY-S1-2P DEAR ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition NAME SIREST ADDRESS ORTY-S1-2P DEAR ADDRESS ORTY-S1-2P DEAR ADDRESS ORTY-S1-2P ITLE NAME SIREST ADDRESS ORTY-S1-2P DEAR ADDRESS ORTY-S1-2P TILE NAME SIREST ADDRESS ORTY-S1-2P Delete TILE NAME SIREST ADDRESS ORTY-S1-2P Delete TILE NAME SIREST ADDRESS ORTY-S1-2P ORTH ADDRESS ORTY-S1-2P OR	Σιμ		·								Fee Required		
ANDERSON, STUART S881 N.W. 151 ST. SUITE 200 MIAMI LAKES FL 33014 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code SIGNATURE Symmutro, byed or primor runn of registered sport on title if applicable. Photo: Programmed agent and elects to do so. Anter MAY 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park May 1, 2001 Fee will be \$55.00 Max Park Max Park May 1, 2001 Fee will be \$55.00 Max Park Max Par		6. Name	and Address of Current R	legistered Agent		Name	7.	Name and Ad	ddress of New	Registered A	gent		
SBS1 N.W. 151 ST. SUITE 200 MAMI LAKES FL 33014 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Milling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MISSIER ADDRESS CITY-S1-2P MISHIN, RONALD Hashing Requirement and elects to do so. (Make Check Payable to Department of State) MISHIN, RONALD HASH CONSTAND MISHIN, RONALD HASH CONSTAND RADZIVILL, GERALD STREET ADDRESS CITY-S1-2P MILE NAME STREET ADDRESS CITY-S1-2P MAME STREET ADDRESS CITY-S1-2P MILE NAME STREET ADDRESS CITY-S1-2P MAME STREET ADDRESS CITY-S1-2P Addition MAME STREET ADDRESS CITY-S1-2P MAME STREET ADDRESS CITY-S1-2P Addition MAME STREET ADDRESS CITY-S1-2P Addition MAME STREET ADDRESS CITY-S1-2P Addition MAME STREET ADDRESS CITY-S1-2P Change Addition MAME STREET ADDRESS CITY-S1-2P Addition MAME STREET ADDRESS CITY-S1-2P Change Addition MAME STREET ADDRESS CITY-S1-2P Change Addition MAME STREET ADDRESS CITY-S1-2P Change Addition MAME STREET ADDRESS CITY-S1-2P Change Addition MAME	ΔND	ERSON ST	ΠIART	<u> </u>	~								
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		partifu that the	information pubblical with #	oin filing door not swellf : for			ad in Contine	110.07/0\/0 5	Ilavida Ctatuta	1 formation and the	futbot the !-	oformation.	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: